

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Copied 12/04/17 @ PCC

Exhibit #1

Date: <u>Jan 13-2017</u>	Offender: (Please Print) <u>David H. Garrett</u>	ID#: <u>M-38621</u>
Present Facility: <u>Menard</u>	Facility where grievance issue occurred: <u>Menard</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): <u>Violation of Rights</u>	

☐ Disciplinary Report: _____ Date of Report: _____

ADMINISTRATIVE REVIEW BOARD

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I am writing this grievance because this facility and the whole I.D.C. failed to protect me when I told multiple staff from "C.O.s, psyc Doctors, Major's and so on all the way to Springfield when I got denied P.C. what I told was the blacks and the whole fin ball group was threatening me. I was scared for my life but was forced to go back out into General Population by I.D.C. Granted it took time for the fin balls to act and they did so when I got put in a cell with one on 10 gallery in west house in menard what I feared most happened in the month of Nov. 2016. I was knocked unconscious from being kicked in the back of the Y

Relief Requested: I'm requesting reimbursement for my pain and suffering not only for physical but also mental suffering "Permanent Placement in P.C. 5000\$ for myself and all medical bills paid"

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

David H. Garrett M-38621 1/13/2017
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		

Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

head and my face hitting the bars which ended up me having a broken eye socket. I went to 2 hospitals, got stitches and spent like 2 weeks in health care at menard. All because I.D.C. failed to protect me. After being told about threats to my life

Exhibit #2

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

copied 12/04/17 @ pcc LL

Date: <u>March 20-2017</u>	Offender: (Please Print) <u>David H. Garverett</u>	ID#: <u>M-38621</u>
Present Facility: <u>Pontiac</u>	Facility where grievance issue occurred: <u>menard</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): <u>Violation of Rights</u>	

☐ Disciplinary Report: _____ Date of Report: _____

NOV 09 2017

ADMINISTRATIVE REVIEW

Note: Protective Custody Denials may be grieved immediately by the offender on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I am writing this grievance because I got transferred to Pontiac from menard and not to sure what's going on. It's been over 60 days and I haven't heard anything from menard on the grievance I sent in on the 13th of Jan. This is exact word for word.

I am writing this grievance because this facility and the whole I.D.C.C. failed to protect me when I told multiple staff from "C.O.'s, Pshe. Doctors, major's and so on all the way to Springfield when I got denied P.C. what I told was the blood's and the whole fin ball group was threatening me. I was scared for my life but was forced to go back out into General Population by I.D.C.C. Granted it's Relief Requested: I'm requesting reimbursement for my pain and suffering. Not only for physical but also mental suffering. Permanent Placement in P.C., \$5,000 for myself and all medical bills paid."

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

David H. Garverett ID# M-38621 Date 3/20/2017

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		

Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

took time for the five balls to act and they did so when I got put in a cell with one on 10 gallery in West house in menard. What I feared most happened in the month of Nov 2016. I was knocked unconscious from being kicked in the back of the head and my face hitting the bars which ended up me having a broken eye socket. I went to 2 hospitals, got stitches and spent like 2 weeks in health care at menard ill because I.D.C. failed to protect me after being told about threats to my life.

copied 12/04/17 @ PCC
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Exhibit #3

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>Nov. 5 - 2017</u>	Offender: (Please Print) <u>David H. Gharrett</u>	ID#: <u>M-38621</u>
Present Facility: <u>Pontiac</u>		Facility where grievance issue occurred: <u>menard</u>
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <u>violation of</u> <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input checked="" type="checkbox"/> Other (specify): <u>Rights</u>		
<input type="checkbox"/> Disciplinary Report: <u>1 / 1</u> Date of Report: <u>NOV 09 2017</u> Facility where issued: <u>ADMINISTRATIVE REVIEW BOARD</u>		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>I am writing this grievance due to the fact I have wrote 2 already Makein this be the 3rd one. The 1st one was to menard about failer to protect. That was on Jan 13th I have heard nothing about it at all. I dont know if it's because I got transferd shortly after sending it in or if something else happend. Then because I have heard nothing I wrote Springfield "You" March 20th when I wrote you it was letting you know I've heard nothing and got shipped to pontiac so I didnt know who to really write but figured Springfield would take care of it. Now here it's almost 8 months later given you guys plenty of time to respond and I've still got 4</u></p>		
<p>Relief Requested: <u>I'm requesting reimbursement for my pain and suffering not only for physical but also mental suffering. "Permanent Placement in P.C. 5,000\$ for myself, and all medical bills paid."</u></p>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>David H. Gharrett</u> Offender's Signature		<u>M-38621</u> <u>11 / 5 / 2017</u> ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <u>1 / 1</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: _____		
<div style="display: flex; justify-content: space-between; margin-top: 100px;"> Print Counselor's Name Counselor's Signature Date of Response </div>		

EMERGENCY REVIEW	
Date Received: <u>1 / 1</u>	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Nothing. Attached is the 2 copies "hand-written" I have
no copy machine to copy. The 2 copies are what I sent
to record #1 and also the one to you guys "Springfield" #2.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: Gharrett David M 38621
Last Name First Name MI ID#

Facility: Pontiac

☒ Grievance: Facility Grievance # (if applicable) _____ Dated: 11/3/17 or ☐ Correspondence: Dated: 11/5/17

Received: 11/9/17 Regarding: failure to protect (nov 2016) @ men
Date no response to griev filed

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☒ This office previously addressed this issue on 8/11/2015 (PC Denial)
Date
- ☐ No justification provided for additional consideration.

Other (specify): at Pontiac since 2/1/17

Completed by: Sherry Benton S. Benton 11/13/17
Print Name Signature Date



One Advantage, LLC
7650 MAGNA DRIVE
BELLEVILLE, IL 62223
(866) 812-3874

STATEMENT DATE: 10/27/17
CREDITOR: Barnes Jewish Hospital
ACCOUNT NAME: David Gharrett
CREDITOR ACCOUNT #: 6157116
ACCOUNT #: 17149793
ACCOUNT BALANCE: \$121.20

See Reverse Side for Account Detail

DAVID GHARRETT
PO BOX 1000
MENARD, IL 62259-0100

Dear DAVID GHARRETT,

The above referenced account(s) has been placed with our company for collection. Please send the balance to One Advantage, LLC or contact us at (866) 812-3874.

One Advantage, LLC reports this creditor's accounts with balances of \$50.00 or greater to one or more credit bureaus. However, if the balance is paid by 04/22/18, this account will not be reported. The Fair Credit Reporting Act prohibits One Advantage from reporting any disputed debt. Please refer to your right to dispute the validity of this debt in the last paragraph below.

Please send your payment to the remit address shown below. The creditor account number(s) should be noted on all correspondence and payments to ensure the proper handling and processing of your account(s).

PLEASE CALL OUR OFFICE AT (866) 812-3874

Office Hours (Central Time Zone)
MONDAY - THURSDAY 8:00 A.M. - 6:30 P.M.
FRIDAY 8:00 A.M. - 4:45 P.M.

Send correspondence to: One Advantage, LLC 7650 MAGNA DRIVE, BELLEVILLE IL 62223

For online payment options please go to <http://paybelleville.oneadvantagellc.com>

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Nothing in this letter affects or otherwise alters your rights described in the following paragraph:

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

Page 1 of 2

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

MED-17300/BC1111- 213624974811

One Advantage, LLC • 7650 Magna Drive • Belleville, IL 62223 BC1111

2138/0001069/0005

7650 MAGNA DRIVE
BELLEVILLE, IL 62223

☐ Please check box if below address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

17149793 IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
CARD NUMBER	CCV# (Last 3 digits on back of card)	
SIGNATURE	EXP. DATE	
STATEMENT DATE 10/27/17	PAY THIS AMOUNT \$121.20	ACCOUNT # 6157116
SHOW AMOUNT PAID HERE \$		

ADDRESSEE:



DAVID GHARRETT
PO BOX 1000
MENARD, IL 62259-0100

REMIT TO:



One Advantage, LLC
PO Box 23860
Belleville, IL 62223-0860

DAVID GHARRETT

MED-17300/17149793/BC1111 213624974811 0001069/0005

Creditor Name / Account Name	Creditor Number / Account Number	Date of Service	Creditor Balance	Interest	Collection Charge	Late Fee	NSF / Processing Fee	Total Due
Barnes Jewish Hospital David Gharrett	6157116 17149793	12/06/16	\$121.20	N/A	N/A	N/A	N/A	\$121.20
								Total Due: \$121.20

0001069/2139

Page 2 of 2

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)	
ADDRESS:	
CITY	STATE ZIP
TELEPHONE: () -	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
EMPLOYER'S NAME	TELEPHONE () -
EMPLOYER'S ADDRESS	CITY STATE ZIP
OTHER:	
POLICY HOLDER'S NAME	DATE OF BIRTH
PATIENT'S RELATIONSHIP TO POLICY HOLDER:	EFFECTIVE DATE

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE CARRIER		EFFECTIVE DATE
PRIMARY INSURANCE CARRIER'S ADDRESS		TELEPHONE () -
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE CARRIER		EFFECTIVE DATE
SECONDARY INSURANCE CARRIER'S ADDRESS		TELEPHONE () -
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER

OneRadiology
Normal, Illinois
November 22, 2016

GARRETT, DAVID
ID #: M38621
DOB: 07-24-87
Ordered by: Tindall, NP
Menard Correctional Center

SKULL 11-21-2016:

HISTORY: Hit in left eye. Large bump on right occipital area.

Five views were obtained. No fracture is seen. No bony abnormality is noted. There is mild haziness in the left maxillary antrum which may represent mucosal thickening. No air fluid level is noted in the sinuses.

IMPRESSION: No fracture is seen.

Signed _____


J. Foss, M.D.

Dic:11-22-2016

Films from Menard Correctional Center

M.D. Review
Date 11-30-16
Doctor W
Full Chart _____
See Patient _____
File ✓

received
11-29-16

814-629-1397 • Fax: 814-629-7644

[illegible]

INSTRUCTIONS

1. Refused by inmate
2. Inmate did not show
3. Inmate not in cell
4. Security lockdown
5. Medication held (state reason)
6. Medication out of stock

Initial Signature	Initial Signature	Initial Signature	Initial Signature	Initial Signature
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MEDICATION ADMINISTRATION RECORD

BOSWE PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

EFFECTIVE DATES		MEDICATIONS												HOUR																			
Original Order	Discontinue	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Original Order 2/21/16 Effexor XR 75mg. PO HS	Discontinue 2/27/16																																
Original Order 2/22/16 Tylenol 500mg. T-T 4 tabs PO	Discontinue 2/27/16																																
Original Order 2/22/16 Enophenemycin 200mg Oral X 1 tabe TID	Discontinue 2/27/16																																
Original Order 2/22/16 Effexor XR 150mg po q 12h	Discontinue 2/27/16																																

Location	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
Inmate Name and Number								
Date of Birth or Soc. Sec. No.								
Facility								
Charting for								
Through								
Diagnosis								

Case 8:13-cv-00958-SJA Document 138-1 Filed 01/29/16 Page 13 of 39

BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

[illegible]

MEDICATION ADMINISTRATION RECORD

BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

EFFECTIVE DATES		MEDICATIONS		HOUR																																
Original Order	Discontinue	Original Order	Discontinue	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Original Order	Discontinue	PM-MIRTAZAPINE 15MG TAB SUB FOR: REMERON TAKE 1 TABLET(S) BY MOUTH AT BEDTIME *DOT*																																		
Original Order	Discontinue	PM-VENLAFAXINE 150MG ER CAP SUB FOR: EFFEXOR XR TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME *DOT*																																		
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814-629-1397 • Fax: 814-629-7644

[illegible]

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Center

Offender Information:

Gharrett

Last Name

David

First Name

MI

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
11/23/16	Med Furlough Clerk Note:	
9:40am	Pt has been scheduled for ER	
	Follow-up for ENT and	
	ophthalmology. Pt will go	
	on 12/16/16 @ 8:30 am to	
	Barnes Jewish Center for Outpatient	
	Health ENT clinic 4901 Forest Park	
	Ave., Floor 4, Ste 420, St. Louis, MO	
	Ph. 314-362-9100. Ophthalmology	
	Flu will be 12/16/16 @ 10:30 am	
	@ BSH South Eye Clinic, 517	
	S. Euclid, 1st Fl McMillan St. Louis, MO	
	Ph. 314-362-3431. No auth's	
	Issued yet.	
	Christa Mall	
	Med Furlough Clerk	

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and ReportMenard
(Facility)Offender's Name: Gharrett, David ID# M38421Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☒ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☐ Other (specify) _____Urgent: ☐ Yes ☒ NoReferred to: OphthalmologyRationale for Referral: _____

_____RYAN SUTTERER
Print Referring Practitioner's NameR. Sutterer
Referring Practitioner's Signature11/28/16
Date

Report of Referral (Use Reverse Side, if necessary)

Findings: _____

_____Assessment: _____

_____Recommendations/Plans: _____

Print Practitioner's Name_____
Practitioner's Signature_____
DateFacility Medical Director Use Only
I have reviewed the recommendations and:☐ Approve.☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision,
DOC 0255._____
Print Facility Medical Director's Name_____
Facility Medical Director's Signature_____
Date

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

Menaud
 (Facility)

Offender's Name: Gharrett, David ID# M38621

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☒ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☐ Other (specify) _____

Urgent: ☐ Yes ☒ No

Referred to: ENT

Rationale for Referral: orbital fractures

Trost
 Print Referring Practitioner's Name

[Signature]
 Referring Practitioner's Signature

11/29/16
 Date

Report of Referral (Use Reverse Side, if necessary)

Findings: _____

Assessment: _____

Recommendations/Plans: _____

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

DELIVERED DEC 02 2016

Date/Time: 12/02/2016 11:29:57

Subject: Inmate Name: GHARRETT, DAVID H

Inmate Number: M38621

Site: MENARD

Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Authorization ID: 179595769

Based upon a review of the information provided, Service is Approved.

Comments:

Received a referral request for ENT & Ophthalmology for an inmate patient who went to ER on 11/21 for a closed fracture of orbital plate of ethmoid bone. He was hit behind while in his cell. DX left orbit fracture with inferior rectus entrapment. Dr. Ritz approved. Meets IQ for both requests.

From: _____
Dedicated Utilization Management

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WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

DELIVERED OCT 12 2016

Date/Time: 12/02/2016 11:29:57

Subject: Inmate Name: GHARRETT, DAVID H

Inmate Number: M38621

Site: MENARD

Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Authorization ID: 930675669

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Received a referral request for ENT & Ophthalmology for an inmate patient who went to ER on 11/21 for a closed fracture of orbital plate of ethmoid bone. He was hit behind while in his cell. DX left orbit fracture with inferior rectus entrapment. Dr. Ritz approved. Meets IQ for both requests.

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Center

Offender Information:

Gharrett

Last Name

David

First Name

MI

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
11/30/16	Med Furlough Clerk Note:	
12:15pm	Pt was presented to Collegial today by Dr. Trost for an ENT consult and an ophthalmology consult. Dr. Ritz, Wexford Uni, cancelled the case due to being sick. Dr. Ritz will review the cases.	
	Christa Maher	
	Med Furlough Clerk	
12/7/16	Med Furlough Clerk Note:	
120pm	Pt has been approved for the ENT consult and the ophthalmology consult.	
	Pt's were seen 12/6/16.	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Gharrett
Last NameDennis
First Name

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
9/12/16 10 ²⁵ PM	Psych note: See sec 0282 of history data	Surgery 11/12/16 -done
11/21/16 10 ²⁰	NP NOTE S/O: I'm seen in FA following altercation with Reports he was hit from behind a fist. facial trauma to Rt side face/eye & Rt post scalp laceration to H eye. Steri strip. Denied LOC. Oral-intact. Unable to ^{open} eye. ALT ↑ swelling. Pain 5/10. Neuro intact.	P. X Ray skull - Tetanus O.S. eval - Im now - Tramadol 100mg po x 1 - Send to CMH ER for further eval & CT
	A: Head trauma	Unstable FID

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Gharrett

Last Name

David

First Name

ID#: M38621

MI

Date/Time	Subjective, Objective, Assessment	Plans
7-8-16	1st <u>RN Note</u> / CMT Note	
	2nd Date: 7-8-16 Time: 9 AM	
	3rd Tubersol 0.1cc Intradermal Left Forearm	
	4th LOT # C4860BA	
	5th Expiration Date: 1-5-2018	
	6th Given By: Jana South RN	
7/18/16	Psych Note:	
4:50 PM	S: Scheduled on N2 PCL today	P: Psych.
	O: Refused, not seen	
	A: Needs to be seen	Surgeon
		7-18-16
7/21/16	Psych Note:	
2 PM	S: Scheduled on N2 PCL today	P: Resub.
	O: Refused X-2	
	A: Needs to be seen	Surgeon
		Don't know

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Contusions

Offender Information:

Sharrett
Last NameDavid
First Name

MI

ID#: M38621

Date/Time	note: Subjective, Objective, Assessment	Plans
11/21/16	S) - What caused the injury (accident, work related, assault, self-inflicted) <u>assault</u>	(P) MD Referral (call MD) if <u>Tindall @ bedside</u>
1005a	- Where did it happen <u>in cellhouse</u>	- If the wound is over a joint
	- What time <u>about 10 min ago</u>	- Any impairment of function
	- Any history of excessive bleeding <u>φ</u>	- Poor peripheral pulses
	O) <u>97b 88 R 18 BP $\frac{140}{90}$ WT</u>	- Any assault wound to the head, face, chest, abdomen or back
	- Medications – are you on a blood thinner <u>no</u>	- Associated syncope or loss of consciousness
	- Pain on a scale of 1-10 <u>5/10</u>	- If injury is self-inflicted, refer to Mental Health
	- Note area of injury	- Nurse uncertain as to extent of injuries
	- Size <u>posterior scalp 8 x 5 1/2 cm</u>	Nursing Intervention (verify medication and allergies prior to treatment)
	- Presence of any bleeding <u>~3/4 cm laceration to</u>	✓ Apply cold pack to minor contusions x 12 hours PRN
	- Serious drainage <u>φ</u>	- Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets) OR
	- Swelling <u>Orbit left lower lip</u> <u>Posterior Scalp</u>	✓ Ibuprofen 200mg, 1-2 tablets t.i.d. with meal PRN x 3 days (18 tabs)
	Edema	
	- Discoloration of skin <u>purplish red</u>	
	- Assess for any disfigurement or alteration of ROM <u>φ</u>	
		OVER

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Dhanett

Last Name

David

First Name

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
11-21-16 11:50P	R/note S-"I can barely open it." O-Returned from Chester Hosp. (L) eye swollen. Able to open eye slightly. (L) side of face also swollen. Able to open mouth. Resp. reg. It is labored. NAD-	P-Placed in sleeping for 23 ⁰ hrs. V.O. DR. TROST
98 76 18 160 86	Respir. reg. It is labored. NAD- A-SIP assault, (L) eye head injured.	
12/7/16	R/note	
10AM	S: sm on O: L eye healing well. Serious Pain. SR NO dip C Site. AOX3. No neuro deficits noted. NAD	P) P/U in 1 wk Cylind. issued D/C to Court House (Butt)
	A/3/P assault	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Vital Sign
Graphic Flow Sheet

Offender Information:

Offender Name: Shawnt David ID#: M 38621
 Last Name First Name MI
 Facility: Mann

Date	11-22-16	11-23-16	11-24-16	11-25-16	11-26-16													
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
Temperature																		
106																		
105																		
104																		
103																		
102																		
101																		
100																		
99																		
98																		
97																		
96																		
Pulse	80			82	80			78	82	80			88	80			80	88
Respiration	16			15	16			18	16	16			18	16			18	16
Blood Pressure	140			100	100			140	118	124			130	116			124	116
Weight	178			160	160			160	176	178			174	170			170	170
Height	74			74 1/2	74			74	74	74			74	70			74	74
Stools																		
Urine																		
C-P-T-S																		
Hygiene																		
PM Care																		
Diet																		
Ate	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P
Slept	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P
Activity	as tol			as tol			as tol			as tol			as tol			as tol		
Bed Rest																		
Bed positioning																		
R.O.M. Exercises																		
Whisper	NA																	
Transfers																		
Walk																		
Other																		
Staff Name																		
Signature																		
Signature																		
Signature																		
Signature																		

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Vital Sign
Graphic Flow Sheet

Offender Information:

Last Name: Sharieth First Name: Donald MI: M ID#: 38621
 Facility: Menard

Date	11-27-16	11-28-16	11-29-16	11-30-16	12-1-16
Hour	1-2-3-4-5-6-7-8-9-10-11-12	1-2-3-4-5-6-7-8-9-10-11-12	1-2-3-4-5-6-7-8-9-10-11-12	1-2-3-4-5-6-7-8-9-10-11-12	1-2-3-4-5-6-7-8-9-10-11-12
Temperature					
Pulse	82 40	86 78	74 75	72	72
Respiration	18 16	16 14	16 16	16	16
Blood Pressure	118 78	120 76	116 78	120 74	120 76
Weight	192	190	190	190	190
Height	5'10"	5'10"	5'10"	5'10"	5'10"
Stools	yes	yes	yes	yes	yes
Urine	yes	yes	yes	yes	yes
Bath: C-P-T-S	self	self	self	self	self
Oral Hygiene	self	self	self	self	self
PM Care	self	self	self	self	self
Diet	Reg	Reg	Reg	Reg	Reg
Ats	W F P	W F P	W F P	W F P	W F P
Sleep	W F P	W F P	W F P	W F P	W F P
Activity	as tol	as tol	as tol	as tol	as tol
Bed Rest					
Bed positioning					
R.O.M. Exercises					
Whirlpool					
Transfers	self	self	self	self	self
Walk					
Other		Coldwell	Trost	Trost	
Staff Name	3-11 T. Anketa D. Sharieth	3-11 T. Anketa D. Sharieth	3-11 T. Anketa D. Sharieth	3-11 T. Anketa D. Sharieth	3-11 T. Anketa D. Sharieth

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0110 (EN, 9/2002)
(Replaces DC 1703)

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmery Vital Sign
Graphic Flow Sheet

Offender Information:

Facility: Menard Last Name: Blair First Name: David MI: MI ID#: 14 38621

Date	12-2-16	12-3-16	12-4-16	12-5-16	12-6-16
Hoso Day/Po Day	1	1	1	1	1
Hour	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
Temperature					
105					
105					
104					
103					
102					
101					
100					
99					
98					
97					
96					
Pulse	74	70	80	72	74
Respiration	16	14	16	18	15
Blood Pressure	118/76	110/60	120/60	130/80	120/80
Weight					
Height					
Stools	yes	yes	yes	yes	yes
Urine					
C-P-T-S					
Hygiene					
PM Care					
Diet					
Ate	W	W	W	W	W
Slept	W	W	W	W	W
Activity					
Bed Rest					
Bed positioning					
R.O.M. Exercises					
Whirlpool					
Transfers					
Walk					
Other					
Staff Name	3-11	3-11	3-11	3-11	3-11

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

Menard

Center

Offender Information:

Garrett
Last NameDavid
First Name

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
1/22/16	<u>DOCTOR INFIRMARY ADMISSION NOTE</u>	PLAN:
0900	BY: (circle one): <u>MD</u> NP PA DDS LICENSED MENTAL HEALTH PROFESSIONAL	VITAL SIGN FREQUENCY: 2 shift
	<u>ACUTE</u> CHRONIC	
	<u>SUBJECTIVE:</u>	DIET: regular
	HISTORY:	ACTIVITY: as tol
	I'm assaulted and suffered facial fractures.	MEDICATION ORDERS:
	DURATION: 24°	ultram 100mg PO BID PRN x 1wk tylenol 500mg q 4h PRN x 1mo
	<u>OBJECTIVE:</u>	
	PHYSICAL EXAMINATION:	
	Alert, in NAD. Mod to marked @ facial swelling chest clear, BS=	
	Candida PRN	OTHER ORDERS:
	CURRENT CONDITION:	
	fair	
	OTHER MEDICAL CONDITIONS:	
	none	
	ADMITTING DIAGNOSIS:/ASSESSMENT	
	multiple trauma	

Distribution: Offender's Medical Record

facial fractures

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DOC 0022 (Rev. 9/2002)
(Replaces DC 2147)

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

Menard

Center

Offender Information:

Gharrett

Last Name

David

First Name

MI

ID#:

M 38621

Date/Time	Subjective, Objective, Assessment	Plans
11/22/16	INFIRMARY NURSE ADMISSION NOTE: <u>ACUTE</u> CHRONIC	<u>PLAN:</u>
9AM	<u>SUBJECTIVE:</u> Chief Complaint Left orbital fx	MD NOTIFIED: DR Trest HCUA NOTIFIED: DIETARY NOTIFIED: TYPE OF DIET: Regular FORM SENT TO DIETARY
	Duration:	MEDICATION ORDERS
	<u>OBJECTIVE:</u> BP 140/70 91 P 80 R 16 WT Oxygen Saturation: 98% Peak Flow: 1 Na 2 Na HEART: R R R LUNGS: Clear	See MAR Ibuprofen 600 mg PO. q 6 x 1ml Ultram 100mg PO tid x 1wk Erythromycin oph. Qid X Huhu
	EYES: (circle) WARM MOIST DRY CLAMMY SKIN COLOR: Natural SPEECH: (circle) CLEAR SLURRED MOBILITY: ambulates ELIMINATION: WNL MENTAL STATUS: AOK 3	OTHER ORDERS: R/T Nausea
	ASSESSMENT/NURSING DIAGNOSIS: alt Comfort	TREATMENT: ACTIVITY: Up as Tol. ORIENTATION TO THE INFIRMARY RULES, CALL FOR HELP, PLAN OF CARE OTHER: (Signature)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Shanett

Last Name

David

First Name

M 38621

ID#:

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/22/16 9AM	Ru Note S: I'm in pain. O: Offender is DOX B C/O Pain R/T FX Oblital. Denies N/V Hand grips strong walls Cautiously gait. NAD Noted. P) All Comfort R/T FX Oblital	P) cpr
11-22-16 3:30p	Ru note S: / O: I'm sitting upright, no res. A/C x 3. Cooperative In no Distress. Respirations equal/unlabored. Eating dinner A: All in Com Post R/T D/L	P. c pr

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Charlotte

Last Name

David

First Name

MI

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
11-23-18	no note	P. C.M.
3:15 p	S: 4	
	O: 8/8 sitting upright on	
	bed eating dinner 5	
	Issues None, Cooperative.	
	T - no distress at this	
	time, otherwise stable vasc.	
	Respirations even/unlabored.	
	A: All in comfort	
	ALT T-Jug,	
	PO Note	
11-24-18	S: "OK"	P-C.M.
400 p	O: 155 - Tramadol for pain	
	(1) side of face swollen	
	Brined. Can open eye	
	Small ant, A+Ox3. resp	
	even/unlabored	
	A: alt in comfort/facial fx	

Tam Hannon

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Gharrett

Last Name

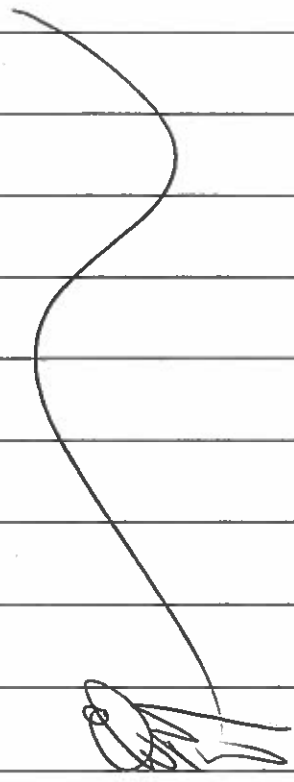
David

First Name

MI

ID#:

M38621

Date/Time	Subjective, Objective, Assessment	Plans
11/24/16	S) "I'm dizzy"	P) C.P.M.
10A	<p>O) I/M A/D x3 gait steady resp even / unlabored skin W/D I/M able to open both eyes focusing / swelling noted to @ orbital I/M denies any blurred vision in @ eye I/M denies any pain @ this time V.S.S. @ acute discom noted</p> <p>A) Alt in comfort K/T facial injury</p>	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Gharrett David

Last Name

First Name

MI

ID#: M38621

Date/Time	Note	Subjective, Objective, Assessment	Plans
11/24/16	1530	S) "I'm good" D) I/m A/D x3 gait steady resp even/unlabored skin w/d ⊕ orbital remains swollen/ Irritated I/m denies any vision changes denies blurred vision Neuro intact I/m voices & complaint & acute distress noted A) Alt in comfort R/T facial injury R/L face S... "Getting better I can lay on that side"	P) C.P.M.
11/25/16	350A	O- Gait steady. Dry skin blood to bruising & swelling ↓ Resp even/unlabored ⊕ acute distress	P-CPM

Alt in comfort R/T facial fx

Pam Hennes

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

G Hamett
Last NameDavid
First Name

MI

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
11-25-16	PM Note	1:15 PM
3:15 PM	<p>S: "I'M all good"</p> <p>O: PM sitting upright on bed eating Dinner 5</p> <p>Issues I - no Distress</p> <p>C this time, speaking</p> <p>C clear speech. Respirations even/unlabored</p> <p>A-Alt in Comfort w/IT 12</p>	
11-26-16	PM Note	1:15 PM
1:25 PM	<p>S-O</p> <p>O-Resting quietly. Resp. reg. it unlabored. No C/O.</p> <p>NAD</p> <p>A-Alt. in Comfort w/IT</p> <p>fract. injury.</p>	
		Hamett

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Shanett
Last NameDavid
First NameID#: 1138621

Date/Time	RD Note	Subjective, Objective, Assessment	Plans
11/20/16 0900	S) "I'm alright"	D) I/m A/D x3 gait steady, ↓ edema noted to (L) orbital bruising noted I/m denies any vision changes or double vision resp even/unlabored skin w/d I/m denies & complaints & acute distress noted	P) C-P.M.
		A) Alt in comfort R/T facial injury	
11/20/16 4P	RD Note	S - I'm alright. O - A/D x3 - p/t forced p/ADN gait steady (L) orbital bruising continues resp/le skin w/d	P - CPM
		A - Alt in comfort R/T facial injury	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes


Menard Correctional Center

Offender Information:

Blanchard
Last Name

David
First Name

ID#: M 38621

Date/Time	Subjective, Objective, Assessment	Plans
11-27-16	Blanchard	P.C.M.
1A	S-O	
	<p>0 - Resting quietly. Less edema noted @ side of face. Resp. reg. it was - favored. NAD.</p> <p>A - all in comfort R/T</p> <p>① orbital fsc.</p>	<p>Must B</p>
11/27/16	RA N/A	
10A	<p>s) "I'm ok"</p> <p>0) I/M A/OX 3 just steady resp even/unlabored & edema to</p> <p>① orbital, bruising noted</p> <p>skin N/D I/M voice & complaints & acute distress noted</p> <p>A) All in comfort R/T ① orbital</p> <p>Fx</p>	<p>P) C.P.M.</p> <p></p>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Shanett
Last NameDavid
First Name

ID#: M 38621

Date/Time	Subjective, Objective, Assessment	Plans
11/27/16 4pm	<p>RN Note</p> <p>S-D'm OK</p> <p>O - Ø 40 voiced & ADU</p> <p>A/O x3 gait steady</p> <p>Resp E/H edema continuous</p> <p>to (2) orbital & bruising</p> <p>Skw W/O/I</p> <p>A - Act. in comfort R/L (L)</p> <p>orbital</p>	<p>P - CPM</p> <p>T. Arh</p>
11-28-16 1235A	<p>R/note</p> <p>S x</p> <p>O - Resting quietly, Resp.</p> <p>resp it undisturbed. Facial</p> <p>swelling & discoloration</p> <p>decreased. No Cl. NAD</p> <p>A - Act. in comfort R/L</p> <p>(L) orbital fx.</p>	<p>P - CPM</p> <p>Mutt</p>

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Shaw, Jr.
Last Name

David
First Name

ID#: 14 38621
MI

Date/Time	Subjective, Objective, Assessment	Plans
11-28-16 8:25	<p>⑤ Flu assay & O.S. entry.</p> <p>⑥ Vitals stable, facial swelling decreased. Sclera still blood red.</p> <p>PELLA - GONI</p> <p>④ O.S. Trauma</p>	<p>④ no changes</p> <p>Chlorzoxazone</p> <p>Woke up 11/28/16 8:30am</p>
11/28/16 9am	<p>Rx note</p> <p>S: see above.</p> <p>O: Offender Resting on Bench. No C/O verbal. Shivering to left side face improved. Left eye remain red. Dennis Blurred vision. AOK 3.</p> <p>A) all Comfort R/T Orbital Fx</p>	<p>P) Cpm</p> <p>Shaw, Jr.</p>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Dhanrath
Last NameDhanrath
First Name

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
11/28/16	RN Note	P) CPM
4:00 PM	<p>S) "Lm OK."</p> <p>O) 1 per self 5 difficulty. Hx 3. Sup e/n. & 9/5 of distance noted & lo varied. Ready book Modest amount of edema noted to (L) side of face. Edema et bruising noted to (L) orbital. Sclera bright red to (L) eye. Nerves Visual Defint. PERLA. VSS. Cooperative.</p> <p>A) A&T = Comfort R/T orbital FX</p>	
11/28/16	RN Note	P) - CPM
11:10 PM	<p>S) "8m fine."</p> <p>O) Awake & clearly. Hx 3. Sup e/n. & lo varied. & 9/5 of distance noted VSS. Edema remains to (L) side of face. (L) eye sclera remains bright red & swollen (L) orbital noted. Remain unaffected - cooperative.</p> <p>A) A&T = Comfort R/T orbital FX</p>	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Shawett
Last NameDavid
First Name

MI

ID#: M 38621

Date/Time	Subjective, Objective, Assessment	Plans
11/29/16	<p>MD Note</p> <p>SOA: no obs.</p> <p>Alert, oriented</p> <p>↓ facial swelling</p> <p>Δ status to chronic</p> <p>noted 11/29/16</p>	<p>PI</p> <p>FD 1 wk: ENT, phth</p>
11/29/16	<p>PN Note</p> <p>0845</p> <p>S) "I'm good"</p> <p>O) I'm A/D x3 just steady</p> <p>resp even/unlabored skin w/p</p> <p>minimal swelling noted (L)</p> <p>orbital, bruising remains to</p> <p>(L) orbital I/M noises &</p> <p>complaints & acute distress</p> <p>noted</p> <p>A) status Δ to chronic</p>	<p>P) status Δ to chronic</p> <p>as ordered</p>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Gharrett

Last Name

David

First Name

MI

ID#: M38624

Date/Time	Subjective, Objective, Assessment	Plans
12-1-16	Rt note	P-CPM.
110A	S-Ø	
	O-Resting quietly. Resp. reg. it unlabored. No c/o.	
	NAD.	
	A-Chronic S/P ⊕ orbital	
	fx.	Discharge
12-2-16	Rt note	P-CPM.
1245A	S-Ø	
	O-Resting quietly. Resp. reg. it unlabored. Decreased swelling & discoloration of face.	
	A-Chronic - R/H facial	
	⊕ eye injury.	Discharge

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Gherrett
Last NameDavid
First NameID#: M39621
MI

Date/Time	Subjective, Objective, Assessment	Plans
12-3-16	R/note	P-CFM.
12-25A	S-ø	
	O-Resting quietly. Resp.	
	reg. it unlabeled. Facial	
	swelling & discoloration	
	decreased. No CIB. NAD.	
	A-Chronic RT (C) orbital/	
	facial injury.	M/note
12-3-16	R/note	
12-25A	Health status done for ENT F/w appt. on	
	12-6-16.	
		P/note

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Shannett

Last Name

David

First Name

MI

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
12/3/16 8 AM	RN Note S: o O: appears to be asleep. Keep E & U. No C to voice @ this time. NAD noted. R) Chronic R/T (Dorsal) maxillary injury	P) CPM Shannett
12/4/16 3:50 AM	RN Note S) "bin good." O) 1st chubbel for meal and am meds. No x3. Sup e/v. & S/s of distraction noted - Biting/swallowing to L jaw/orbital much improved. & C to voice. Denies meds. R) Chronic R/T (L) eye injury	P) - CPM R self

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Shanett

Last Name

David

First Name

MI

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
12-6-16 625A	RN note S-8	P-Proceed - ENT follow-up.
	O-Escorted from HCU by Security.	
	A-Med. furlough	Shanett
12/6/16 1330 974 84 16	RN Note S) Med furlough return D) I/m A/O x 3 resp even/ unlabored sleep w/ID I/m	P) MD to see on AM rounds T.O. Dr. Trust / [Signature]
12/8/16 982	noises & complaints V.S.S. & acute distress noted A) med furlough return	IX noted 12/6/16 [Signature]
12-7-16 1 Am	RN Note S-8	P-CPM
	O-Resting Quietly PADD d/c/o voiced Respe/U	
	A-Chronic 1/2 facial Trauma	T. A. [Signature]

Menard Center

Offender Information:

Gharrett
Last Name

David
First Name

MI

ID#: M38621

Date/Time	Subjective, Objective, Assessment	Plans
12/7/16 945AM	INFIRMARY DISCHARGE SUMMARY BY: (CIRCLE) MD DENTIST PSYCHIATRIST	INFIRMARY DISCHARGE ORDERS: continue present meds ✓ diet, activity as tol
	ADMISSION DATE: 11/22/16	
	DISCHARGE DATE AND TIME: 12/7/16	
	ADMITTING DIAGNOSIS:	
	orbital fracture	
	DISCHARGE DIAGNOSIS:	
	same	
	INFIRMARY COURSE:	FOLLOW UP PLAN:
	Admitted 11/22/16 @	7-10 days ✓
	orbital rim fracture related	
	to assault. Injury evaluated	
	by ENT, ophthalmology. No	
	surgery required. D/C'd	
	to cellhouse 12/7/16.	

[Handwritten signature]
12/7/16

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Monard Center

Offender Information:

Shanett
Last NameDavid
First Name

MI

ID#:

M 38621

Date/Time	Subjective, Objective, Assessment	Plans
12/7/14	RN/LPN Infirmary Discharge Summary	P.
10AM	S. Summary of reason for Admission:	Diet on discharge: <u>Regular</u>
	<u>F/x ocular</u>	
		Activity on discharge: <u>Regular</u>
		<u>as tol</u>
	O. T <u>98</u> P <u>74</u> R <u>14</u> BP <u>114</u> WT <u>74</u>	Treatment and medications on discharge: <u>Tylenal 500mg $\frac{1}{2}$ - $\frac{11}{11}$</u> <u>P.O. q 6° PRN</u>
		Return Follow-up: <u>F/u in 1 wk</u>
		Patient Education: <u>No fighting</u>
	A.	<u>Take pain med per order PRN</u>
	Admitting DX: <u>Fx ^(L) ocular</u>	Discharge Location: <u>W 564</u>
	Nursing DX: <u>all Comfort</u>	Nurse Signature: <u>(Shanett)</u>
	<u>RIT Fx</u>	